

<b>MEDICAL RECORD</b>	<b>PREOPERATIVE/POSTOPERATIVE NURSING DOCUMENT</b> For use of this form, see AR 40-407; the proponent agency is the Office of the Surgeon General														
1. AGE:  HEIGHT:  WEIGHT:	2. KNOWN ALLERGIC SENSITIVITIES (e.g., Iodine, Tape, Medication):														
	3. PREVIOUS SURGERY <input type="checkbox"/> NO <input type="checkbox"/> YES (type):														
4. PROPOSED SURGICAL PROCEDURE:															
5. ADDITIONAL INFORMATION <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">NPO since:</td> <td style="width: 33%;">Contact lenses/glasses:</td> <td style="width: 33%;">Hearing:</td> <td style="width: 33%;">ROM:</td> </tr> <tr> <td>Prosthesis/implants:</td> <td>Dentures/jewelry:</td> <td>Medical Hx:</td> <td>HCG:</td> </tr> <tr> <td>Escort's name:</td> <td>Skin condition:</td> <td>Advance Directives:</td> <td>Pain level:</td> </tr> </table>				NPO since:	Contact lenses/glasses:	Hearing:	ROM:	Prosthesis/implants:	Dentures/jewelry:	Medical Hx:	HCG:	Escort's name:	Skin condition:	Advance Directives:	Pain level:
NPO since:	Contact lenses/glasses:	Hearing:	ROM:												
Prosthesis/implants:	Dentures/jewelry:	Medical Hx:	HCG:												
Escort's name:	Skin condition:	Advance Directives:	Pain level:												
6. PATIENT PROBLEMS AND NEEDS	7. PATIENT GOALS AND EXPECTED OUTCOMES	8. OR NURSING INTERVENTIONS													
A. PSYCHOSOCIAL <u>        </u> Potential for anxiety related to <u>the surgical environment, family separation, age.</u>	<ul style="list-style-type: none"> <li>o Pt. verbalizes any specific anxiety.</li> <li>o Pt. exhibits relaxed body posture.</li> </ul>	<ul style="list-style-type: none"> <li>o Allow pt. to verbalize freely.</li> <li>o Explain OR environment and answer questions.</li> <li>o Offer comfort measures, (e.g., warm blanket, touch).</li> <li>o Explain all nursing procedures before they are done.</li> <li>o Remain with pt. whenever possible.</li> <li>o Maintain family interface.</li> </ul>													
B. AERATION <u>        </u> Potential for respiratory dysfunction due to <u>medical history, surgical positioning, and anesthesia.</u>	<ul style="list-style-type: none"> <li>o Pt. will be able to breathe without difficulty during immediate intra-operative phase.</li> </ul>	<ul style="list-style-type: none"> <li>o Offer to elevate head of litter or offer pillow.</li> <li>o Observe pt. while awaiting surgery for signs of distress.</li> <li>o Assist anesthesia during intubation and extubation.</li> </ul>													
C. INTEGUMENT <u>        </u> Potential impairment of skin integrity due to <u>ESU, prep.</u>	<ul style="list-style-type: none"> <li>o Pt. will not exhibit signs of impairment of skin integrity (e.g., reddened areas).</li> </ul>	<ul style="list-style-type: none"> <li>o Utilizes pressure preventing devices on OR table and accessories.</li> <li>o Check for proper positioning and support to maintain good body alignment.</li> <li>o Pad pressure points.</li> <li>o Place ESU ground pad on non-compromised skin surface area.</li> <li>o Keep prep fluids from pooling.</li> </ul>													
9. PATIENT'S IDENTIFICATION <i>(For typed or written entries give: Name- last, first, middle; grade; date; hospital or medical facility.)</i>															

6. PATIENT PROBLEMS AND NEEDS	7. PATIENT GOALS AND EXPECTED OUTCOMES	8. OR NURSING INTERVENTIONS
D. CIRCULATION ____ Potential for inadequate tissue perfusion due to intraoperative immobility, safety devices, length of surg.	o Pt. will exhibit signs of adequate tissue perfusion (e.g., color, warmth, pedal pulse).	o Check for support stockings or ace wraps. If none, check with doctors. o Check that safety straps are correctly applied. o Offer pillow for under knees. o Place and take down legs from stirrups with slow bilateral motion. o Check that rings have been removed.
E. NEUROMUSCULAR CONTROL E.1. ____ Potential impairment of mobility to positioning, anesthesia, pain. E.2. ____ Potential discomfort due to the length of surgery.	o Pt. will be transferred to OR table without difficulty. o Pt. will not experience unnecessary physical discomfort.	o Have sufficient people available for transfer. o Insure proper body alignment. o Allow patient to lie in position of comfort while waiting for surgery. o Officer support (i.e., pillows, bathtowels, etc.) for positioning.
F. SPECIAL SENSES F.1. ____ Diminished visual perception due to being ____ F.2. ____ Potential for decreased communication due to ____ F.3. Potential injury due to dentures. ____	o Pt. will be made aware of surroundings prior to anesthesia induction. o Pt. will be transferred safely to OR table. o Pt. will be able to understand instructions. o Minimize danger of injury during intraop period.	o Introduce self. Keep pt. informed as to where he/she is and what is happening. o Inform pt. in which direction to move and assist if necessary. o Speak clearly and slowly. o Address pt. from ____ side. o Validate pt's understanding of verbal communication. o Verify removal of dentures.
G. OTHER PATIENT PROBLEMS NEEDS. Or continuation of above problems/needs.	OTHER PATIENT GOALS AND EXPECTED OUTCOMES. Or continuation of above goals and outcomes.	OTHER NURSING INTERVENTIONS. Or continuation of above interventions.

10. OR NURSING INTERVENTIONS COMPLETED/ADDITIONAL INTEROPERATIVE INTERVENTIONS NOTED.

\_\_\_\_ DATE

11. POSTOPERATIVE EVALUATION:

12. PREOPERATIVE EVALUATION PREPARED BY (Signature and Title)	13. POSTOPERATIVE EVALUATION PREPARED BY (Signature and Title)
DATE: TIME:	DATE: TIME: